

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT'S

107526286

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Handwritten notes: A large 'X' is drawn across the first two columns (AS FILED) for rows 1 through 22. In the 'AFTER 1st AMENDMENT' column, row 23 has a '1' in the IND. box. In the 'AFTER 2nd AMENDMENT' column, row 23 has a '1' in the IND. box. At the bottom, under 'TOTAL IND.', there is a handwritten '6' with an arrow pointing to the box. Under 'TOTAL DEP.', there is a handwritten '16' with an arrow pointing to the box. Under 'TOTAL CLAIMS', there is a handwritten '22' with an arrow pointing to the box.

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Handwritten notes: At the bottom, under 'TOTAL IND.', there is an arrow pointing to the box. Under 'TOTAL DEP.', there is an arrow pointing to the box. Under 'TOTAL CLAIMS', there is an arrow pointing to the box.